

Exhibit 300: Capital Asset Plan and Business Case Summary**Part I: Summary Information And Justification (All Capital Assets)****Section A: Overview (All Capital Assets)**

1. Date of Submission: 4/10/2009

2. Agency: Department of State

3. Bureau: M/Med Medical Director

4. Name of this Capital Asset: Exhibit 300 - Electronic Medical Record (EMR)

5. Unique Project (Investment) Identifier: (For IT investment only, see section 53. For all other, use agency ID system.) 014-00-01-05-01-1163-00

6. What kind of investment will this be in FY 2010? (Please NOTE: Investments moving to O&M in FY 2010, with Planning/Acquisition activities prior to FY 2010 should not select O&M. These investments should indicate their current status.) Operations and Maintenance

8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap:

The Electronic Medical Record (EMR) System establishes the essential medical record infrastructure that the Department of State must have to provide quality health care services for all U.S. Foreign Affairs agencies worldwide. The EMR provides a single, electronic, authoritative source of information that is retrievable by multiple providers for patient care, medical evacuations and hospitalizations, medical clearance decisions, medical record release actions, and medical program planning and management. The EMR also provides a standard, rapid and secure way to enter new medical record information into a patient's Department of State medical record. The current EMR, eMed 2, is a remediation effort of a commercial off-the-shelf (COTS) medical record software tailored for unique State Department medical support needs, including medical clearances and scanning/indexing of medical records.

The Office of Medical Services (MED) transitioned to O&M in 2006. However, as outlined above, since 2006, the President's Management Agenda eGov initiative and the CCHIT have set national standards for all government electronic health record (EHR) systems, including the major goal of interoperability with other agency EHRs. Therefore, beginning in BY 2009-2010 MED plans to research and test evolution of the EMR to another federal system in order to achieve greater efficiency and meet the national EHR standards. Beginning in BY 2009-2010, the investment will transition to research and planning potential partnerships with other federal entities to implement an eGov solution that improves interoperability and integrates worldwide systems.

9. Did the Agency's Executive/Investment Committee approve this request? Yes

a. If "yes," what was the date of this approval? 8/28/2007

10. Did the Project Manager review this Exhibit? Yes

12. Has the agency developed and/or promoted cost effective, energy-efficient and environmentally sustainable techniques or practices for this project? Yes

a. Will this investment include electronic assets (including computers)? Yes

b. Is this investment for new construction or major retrofit of a Federal building or facility? (answer applicable to non-IT assets only) No

1. If "yes," is an ESPC or UESC being used to help fund this investment?

2. If "yes," will this investment meet sustainable design principles?

3. If "yes," is it designed to be 30% more energy efficient than relevant code?

13. Does this investment directly support one of the PMA initiatives? Yes

If "yes," check all that apply: Expanded E-Government

a. Briefly and specifically describe for each selected eRecords management and Health IT

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how this asset directly supports the identified initiative(s)?
(e.g. If E-Gov is selected, is it an approved shared service provider or the managing partner?)

MED's EMR system directly supports the PMA initiative by creating a business process solution that takes existing paper medical record information and data, and converts it to an electronic format. EMR provides the clinicians with a state-of-the-art EMR that allows them to efficiently and effectively provide health care for DoS employees and their families worldwide. EMR provides MED a single authoritative source of patient information.

14. Does this investment support a program assessed using the Program Assessment Rating Tool (PART)? (For more information about the PART, visit www.whitehouse.gov/omb/part.)

No

a. If "yes," does this investment address a weakness found during a PART review?

No

b. If "yes," what is the name of the PARTed program?

c. If "yes," what rating did the PART receive?

15. Is this investment for information technology?

Yes

If the answer to Question 15 is "Yes," complete questions 16-23 below. If the answer is "No," do not answer questions 16-23.

For information technology investments only:

16. What is the level of the IT Project? (per CIO Council PM Guidance)

Level 2

17. In addition to the answer in 11(a), what project management qualifications does the Project Manager have? (per CIO Council PM Guidance)

(1) Project manager has been validated as qualified for this investment

18. Is this investment or any project(s) within this investment identified as "high risk" on the Q4 - FY 2008 agency high risk report (per OMB Memorandum M-05-23)

No

19. Is this a financial management system?

No

a. If "yes," does this investment address a FFMIA compliance area?

No

1. If "yes," which compliance area:

N/A

2. If "no," what does it address?

b. If "yes," please identify the system name(s) and system acronym(s) as reported in the most recent financial systems inventory update required by Circular A-11 section 52

21. If this project produces information dissemination products for the public, are these products published to the Internet in conformance with OMB Memorandum 05-04 and included in your agency inventory, schedules and priorities?

N/A

23. Are the records produced by this investment appropriately scheduled with the National Archives and Records Administration's approval?

Yes

Section D: Performance Information (All Capital Assets)

In order to successfully address this area of the exhibit 300, performance goals must be provided for the agency and be linked to the annual performance plan. The investment must discuss the agency's mission and strategic goals, and performance measures (indicators) must be provided. These goals need to map to the gap in the agency's strategic goals and objectives this investment is designed to fill. They are the internal and external performance benefits this investment is expected to deliver to the agency (e.g., improve efficiency by 60 percent, increase citizen participation by 300 percent a year to achieve an overall citizen participation rate of 75 percent by FY 2xxx, etc.). The goals must be clearly measurable investment outcomes, and if applicable, investment outputs. They do not include the completion date of the module, milestones, or investment, or general goals, such as, significant, better, improved that do not have a quantitative or qualitative measure.

Agencies must use the following table to report performance goals and measures for the major investment and use the Federal Enterprise Architecture (FEA) Performance Reference Model (PRM). Map all Measurement Indicators to the corresponding "Measurement Area" and "Measurement Grouping" identified in the PRM. There should be at least one Measurement Indicator for each of the four different Measurement Areas (for each fiscal year). The PRM is available at www.egov.gov. The table can be extended to include performance measures for years beyond the next President's Budget.

Exhibit 300: Exhibit 300 - Electronic Medical Record (EMR) (Revision 11)

Performance Information Table								
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Category	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
2005		Customer Results	Service Coverage	Frequency and Depth	Number of Help Desk calls received re: eMedV1.	Number of eMedv1 calls from FY04.	Partly, due to poor customer results, the replacement of eMed v1 is a major focus of this submission. In FY05, eMed v2 is in the devel. phase. Our expectation is that Help Desk calls re: emed v1 will remain equal to or greater than the previous FY.	Baseline: 19.83 calls/mo in FY04. FY05 results: 27.42/m0 - 27% increase over baseline.
2005		Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information/status is available within 24 hours.	Providing clearance information/status will be reduced to 12 hours or less.	Hours to provide clearance information/status has been reduced by twelve (12) hours.
2005		Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is ninety percent (90%).	Accuracy of EMR scanned images will improve by five percent (5%).	Accuracy of EMR scanned images has improved by five percent (5%).
2005		Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety (90%).	EMR system availability will improve by three Percent (3%).	EMR system availability has improved by three percent (3%).
2006		Customer Results	Service Coverage	Frequency and Depth	Number of Help Desk calls received re: eMEDV1.	Number of eMedv1 calls from FY05	In the first 7 months of FY06, eMed v2 is in the development phase. Our expectation is that Help Desk calls re: emed v1 will remain equal to or greater than previous FY. eMedv2 goes live 5/1/06.	Baseline: 27.42 calls/mo in FY05. Ist 7 months FY06. Results: 48.43 calls/mo. 43% increase over baseline.
2006		Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information/status is available within 12 hours.	Providing Clearance and/or status will be reduced to six (6) hours or less.	The improved performance goals and measures met goals. Clearance Status reduced to approximately 5.5 hours.
2006		Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is ninety five percent (95).	Accuracy of EMR scanned images will improve by two percent (2%).	Improved performance goals and measures improved by two Percent (2%).
2006		Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety three (93%).	EMR system availability will improve 95%.	The improved performance goals and measures improved three percent (3%)
2007		Customer Results	Service Coverage	Frequency and Depth	Number of Help Desk calls received re: eMED v1 and eMed v2.	Number of FY06 calls re: eMEDv1 is 48.43/mo	When eMed v2 is in a fully operational state, the number of Help Desk calls will be lower than that for the first 7 months of FY06, when eMed v1 was the active system.	First 7 months of FY07 results: 38.86/month. 20% decrease from baseline.
2007		Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information and/or status is available within ten (10) hours.	Providing clearance information and/or status will be reduced to five (5) hours or less.	Response times for clearance information averaged 4.91 hours.
2007		Processes and Activities	Quality	Errors	Accuracy of digitizing external	Accuracy of EMR scanned images is	Accuracy of EMR scanned images	Digital image accuracy

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Performance Information Table								
Fiscal Year	Strategic Goal(s) Supported	Measurement Area	Measurement Category	Measurement Grouping	Measurement Indicator	Baseline	Target	Actual Results
					medical data into scanned images for the electronic medical record.	ninety six percent (96%).	will improve by one point (1%).	averaged 97.3% during the period.
2007		Technology	Reliability and Availability	Availability	Percentage of system availability of EMR will improve.	EMR system availability is ninety six (96%).	EMR system availability will improve by one percent (1%).	EMR system availability was an average of 97% during this period.
2008	Strengthening Consular and Management Capabilities	Customer Results	Customer Benefit	Customer Complaints	Number of Help Desk calls received.	Number of eMed 2 calls from FY07 is 38.86/mo	Number of eMed 2 calls from FY08 will be 5% less than FY07 baseline.	FY08 data to be finalized 10/15/2008.
2008	Strengthening Consular and Management Capabilities	Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information and/or status is available within five (5) hours.	Reduce availability times by 1 hour.	FY08 data to be finalized 10/15/2008.
2008	Strengthening Consular and Management Capabilities	Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is expected to be ninety seven percent (97%).	Accuracy of EMR scanned images will improve by one half point (.5%).	FY08 data to be finalized 10/15/2008.
2008	Strengthening Consular and Management Capabilities	Technology	Reliability and Availability	Availability	Availability of EMR will improve.	EMR system availability is expected to be ninety seven (97%).	EMR system availability will improve by .5 percent (.5%).	FY08 data to be finalized 10/15/2008.
2009	Strengthening Consular and Management Capabilities	Customer Results	Customer Benefit	Customer Complaints	Number of Help Desk calls received.	FY08 Baseline is expected to be 36.91/mo.	Five% reduction over FY08 baseline	
2009	Strengthening Consular and Management Capabilities	Mission and Business Results	Information and Technology Management	Information Management	Response time for clearance information/status.	Clearance information and/or status is expected to be within four (4) hours.	Reduce availability times by 1 hour.	
2009	Strengthening Consular and Management Capabilities	Processes and Activities	Quality	Errors	Accuracy of digitizing external medical data into scanned images for the electronic medical record.	Accuracy of EMR scanned images is expected to be 97.78%	Accuracy of EMR scanned images will improve by one half point (.5%).	
2009	Strengthening Consular and Management Capabilities	Technology	Reliability and Availability	Availability	Availability of EMR will improve.	Baseline is expected to be 97.5%.	Availability will improve by one half percent.	

Section E: Security and Privacy (IT Capital Assets only)

8. Planning & Operational Systems - Privacy Table:					
(a) Name of System	(b) Is this a new system? (Y/N)	(c) Is there at least one Privacy Impact Assessment (PIA) which covers this system? (Y/N)	(d) Internet Link or Explanation	(e) Is a System of Records Notice (SORN) required for this system? (Y/N)	(f) Internet Link or Explanation
EMR	No	Yes	http://www.state.gov/documents/organization/107715.pdf	Yes	http://www.state.gov/documents/organization/102784.pdf
Details for Text Options: Column (d): If yes to (c), provide the link(s) to the publicly posted PIA(s) with which this system is associated. If no to (c), provide an explanation why the PIA has not been publicly posted or why the PIA has not been conducted. Column (f): If yes to (e), provide the link(s) to where the current and up to date SORN(s) is published in the federal register. If no to (e), provide an explanation why the SORN has not been published or why there isn't a current and up to date SORN. Note: Working links must be provided to specific documents not general privacy websites. Non-working links will be considered as a blank field.					

Section F: Enterprise Architecture (EA) (IT Capital Assets only)

In order to successfully address this area of the capital asset plan and business case, the investment must be included in the agency's EA and Capital Planning and Investment Control (CPIC) process and mapped to and supporting the FEA. The business case must demonstrate the relationship between the investment and the business, performance, data, services, application, and technology layers of the agency's EA.

1. Is this investment included in your agency's target enterprise architecture? Yes

a. If "no," please explain why?

2. Is this investment included in the agency's EA Transition Strategy? Yes

a. If "yes," provide the investment name as identified in the Transition Strategy provided in the agency's most recent annual EA Assessment. Electronic Medical Record (EMR)

b. If "no," please explain why?

4. Service Component Reference Model (SRM) Table: Identify the service components funded by this major IT investment (e.g., knowledge management, content management, customer relationship management, etc.). Provide this information in the format of the following table. For detailed guidance regarding components, please refer to http://www.egov.gov .								
Agency Component Name	Agency Component Description	FEA SRM Service Domain	FEA SRM Service Type	FEA SRM Component (a)	Service Component Reused Name (b)	Service Component Reused UPI (b)	Internal or External Reuse? (c)	BY Funding Percentage (d)
Data Integration	Support the integration of data from separate data sources into a single source using middleware or application integration as well as the modification of system data models to capture new information within a single system.	Back Office Services	Development and Integration	Data Integration			No Reuse	
Legacy Integration	Support the communication between newer generation hardware/software applications and the previous, major generation of hardware/software applications	Back Office Services	Development and Integration	Legacy Integration			No Reuse	
Change Management	Control the process for updates or modifications to the existing documents, software or business processes of an organization.	Business Management Services	Management of Processes	Change Management			No Reuse	
Program/Project Management	Manage and control a particular effort of an organization	Business Management Services	Management of Processes	Program / Project Management			No Reuse	
Requirements Management	Gather, analyze and fulfill the needs and prerequisites of an organization's efforts.	Business Management Services	Management of Processes	Requirements Management			No Reuse	
Document Imaging and OCR	Support the scanning of documents.	Digital Asset Services	Document Management	Document Imaging and OCR			No Reuse	
Library/Storage	Support	Digital Asset	Document	Library / Storage			No Reuse	

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4. Service Component Reference Model (SRM) Table:

Identify the service components funded by this major IT investment (e.g., knowledge management, content management, customer relationship management, etc.). Provide this information in the format of the following table. For detailed guidance regarding components, please refer to <http://www.egov.gov>.

Agency Component Name	Agency Component Description	FEA SRM Service Domain	FEA SRM Service Type	FEA SRM Component (a)	Service Component Reused Name (b)	Service Component Reused UPI (b)	Internal or External Reuse? (c)	BY Funding Percentage (d)
	document and data warehousing and archiving.	Services	Management					
Categorization	Allow classification of data and information into specific layers or types to support an organization.	Digital Asset Services	Knowledge Management	Categorization			No Reuse	
Information Sharing	Support the use of documents and data in a multi-user environment for use by an organization and its stakeholders.	Digital Asset Services	Knowledge Management	Knowledge Distribution and Delivery			No Reuse	
Record Linking/Association	Support the correlation between logical data and information sets.	Digital Asset Services	Records Management	Record Linking / Association			No Reuse	
Identification and Authentication	Support obtaining information about those parties attempting to log on to a system or application for security purposes and the validation of those users.	Support Services	Security Management	Identification and Authentication			No Reuse	

a. Use existing SRM Components or identify as "NEW". A "NEW" component is one not already identified as a service component in the FEA SRM.

b. A reused component is one being funded by another investment, but being used by this investment. Rather than answer yes or no, identify the reused service component funded by the other investment and identify the other investment using the Unique Project Identifier (UPI) code from the OMB Ex 300 or Ex 53 submission.

c. 'Internal' reuse is within an agency. For example, one agency within a department is reusing a service component provided by another agency within the same department. 'External' reuse is one agency within a department reusing a service component provided by another agency in another department. A good example of this is an E-Gov initiative service being reused by multiple organizations across the federal government.

d. Please provide the percentage of the BY requested funding amount used for each service component listed in the table. If external, provide the percentage of the BY requested funding amount transferred to another agency to pay for the service. The percentages in the column can, but are not required to, add up to 100%.

5. Technical Reference Model (TRM) Table:

To demonstrate how this major IT investment aligns with the FEA Technical Reference Model (TRM), please list the Service Areas, Categories, Standards, and Service Specifications supporting this IT investment.

FEA SRM Component (a)	FEA TRM Service Area	FEA TRM Service Category	FEA TRM Service Standard	Service Specification (b) (i.e., vendor and product name)
Data Integration	Component Framework	Data Interchange	Data Exchange	
Identification and Authentication	Component Framework	Security	Certificates / Digital Signatures	
Information Sharing	Service Access and Delivery	Access Channels	Collaboration / Communications	
Record Linking / Association	Service Access and Delivery	Access Channels	Web Browser	
Requirements Management	Service Access and Delivery	Service Requirements	Legislative / Compliance	
Program / Project Management	Service Interface and Integration	Integration	Enterprise Application Integration	
Legacy Integration	Service Interface and Integration	Integration	Enterprise Application Integration	
Categorization	Service Interface and Integration	Interoperability	Data Format / Classification	

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5. Technical Reference Model (TRM) Table:

To demonstrate how this major IT investment aligns with the FEA Technical Reference Model (TRM), please list the Service Areas, Categories, Standards, and Service Specifications supporting this IT investment.

FEA SRM Component (a)	FEA TRM Service Area	FEA TRM Service Category	FEA TRM Service Standard	Service Specification (b) (i.e., vendor and product name)
Library / Storage	Service Platform and Infrastructure	Database / Storage	Database	
Document Imaging and OCR	Service Platform and Infrastructure	Hardware / Infrastructure	Peripherals	
Change Management	Service Platform and Infrastructure	Software Engineering	Software Configuration Management	

a. Service Components identified in the previous question should be entered in this column. Please enter multiple rows for FEA SRM Components supported by multiple TRM Service Specifications

b. In the Service Specification field, agencies should provide information on the specified technical standard or vendor product mapped to the FEA TRM Service Standard, including model or version numbers, as appropriate.

6. Will the application leverage existing components and/or applications across the Government (i.e., USA.gov, Pay.Gov, etc)? Yes

a. If "yes," please describe.

MED is researching options to adopt an existing federal EMR system that can meet the Department needs for a worldwide electronic medical record and at the same time comply with the Presidential Management Agenda (PMA) initiatives and Executive Order of Interoperability requirements.

Exhibit 300: Part III: For "Operation and Maintenance" investments ONLY (Steady State)

Section A: Risk Management (All Capital Assets)

Part III should be completed only for investments identified as "Operation and Maintenance" (Steady State) in response to Question 6 in Part I, Section A above.

You should have performed a risk assessment during the early planning and initial concept phase of this investment's life-cycle, developed a risk-adjusted life-cycle cost estimate and a plan to eliminate, mitigate or manage risk, and be actively managing risk throughout the investment's life-cycle.

- | | |
|---|----------|
| 1. Does the investment have a Risk Management Plan? | Yes |
| a. If "yes," what is the date of the plan? | 8/1/2008 |
| b. Has the Risk Management Plan been significantly changed since last year's submission to OMB? | No |